

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2008 MAY 19 AM 8:49

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Robert Brown II

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Robert Brown II

Political Party (if applicable)

Office Sought

Polk County Supervisor

District (if Senate or House)

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]
SIGNATURE OF PERSON FILING REPORT

515-934-5221
TELEPHONE

5-19-08
DATE SIGNED

I AM FILING A 5-19-08 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

11,127.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7,050.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

18,177.06

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,084.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

15,093.06

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (must be same as on Statement of Organization)

Robert Marshall for Governor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/25/08	ID# CK# 9379	Jim Br. JC 6701 Westown place thco West Des Moines, Ia 50246		\$ 100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 2443	E.J. Giordano 3804 Melrose Dr. Dubuque, Ia 52002		100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 4936	James W. Jr 704 55th St Des Moines, Ia 50312		200 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 6070	Terly Aikin 12351 Glen Oaks Dr. West Des Moines, Ia 50265		300 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 1001	Charles Schreder 6701 E 2nd Ave SW #8303 West Des Moines, Ia 50266		50 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 1052	Scott Porter 670 West Grand Dr. Waukee, Iowa 50263		50 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 2714	Jim Simmons 1405 S. 42nd West Des Moines, Ia 50245		100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 10618	Phillip Haden 812 58th St WDM 50246		100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 1111	Dino Radich 3400 Fuller Rd WDM 50265		100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 7098	Mark McCoy 2285 Grand Ave WDM 50265		100 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1200

TOTAL (if last page of this schedule)

\$ 1200

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Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/25/08	ID# CK# 1957	Peter Towne 686 58th Plac WDM		\$ 100.00	<input type="checkbox"/>
2/25/08	ID# CK# 730	Harlan Hokenberg 6601 Weston Pky #200 WDM 50244		50.00	<input type="checkbox"/>
2/25/08	ID# CK# 6576	Roni Begleiter 1481 100th St Clive Ia 50325		50.00	<input type="checkbox"/>
2/25/08	ID# CK# 2737	Stern Zumbach 466 Walnut St #200 Des Moines, Ia 50309		250.00	<input type="checkbox"/>
2/25/08	ID# CK# 5041	Fred Darr 1735 101st St Des Moines Ia 50325		100.00	<input type="checkbox"/>
2/25/08	ID# CK# 5906	Diane Miller 7400 University Des Moines Ia 50325		100.00	<input type="checkbox"/>
2/25/08	ID# CK# 1161	Scott Larkson 16330 Boston Plac Clive Ia 50325		50.00	<input type="checkbox"/>
2/25/08	ID# CK# 3035	James Brayne 3403 Riverfront Cr Cedar Rapids, Ia 52411	Parents??	100.00	<input type="checkbox"/>
2/25/08	ID# CK# 3901	Mike McConnel 1419 Falkenberg Waterloo Ia 50701		50.00	<input type="checkbox"/>
2/25/08	ID# CK# 1171	Karl Luedtke 10521 Sunset Ter. Clive Ia 50325		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$ 2100	

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2/27/08	ID# CK#8714	Tom Brown 1371 Lakeshore Dr. Des Moines 50325		\$100 ⁰⁰	<input type="checkbox"/>
2/27/08	ID# CK#5614	John Dawson 4233 NE 88th St Alfonsa IA 50009		100 ⁰⁰	<input type="checkbox"/>
2/27/08	ID# CK#8710	Stan Thompson 15112 Byrd Manor Dr Clair Iowa 50325		100 ⁰⁰	<input type="checkbox"/>
3/6/08	ID# CK#8510	Stephen Rowe 4430 Hwy 316 Swan IA 50252		100 ⁰⁰	<input checked="" type="checkbox"/>
3/6/08	ID# CK#17661	Tim Alberhasky 9090 Indian Des Moines IA 50325		50 ⁰⁰	<input checked="" type="checkbox"/>
3/6/08	ID# CK#3554	Michael Arnold 3369 Surt Rd. Marion IA 52302		50 ⁰⁰	<input checked="" type="checkbox"/>
3/6/08	ID# CK#799	Wm. Weltha 845 S 15th Marion IA 52302		50 ⁰⁰	<input checked="" type="checkbox"/>
3/6/8	ID# CK#2416	Les AASHGIM 8011 Northwest Dr. Clair IA 50325		30 ⁰⁰	<input checked="" type="checkbox"/>
3/6/8	ID# CK#23523	Doug Etwell Box 187 Auburn IA 50021		1000 ⁰⁰	<input checked="" type="checkbox"/>
3/6/8	ID# CK#11206	D Paul Bissinger 14822 Lakeshore Dr Clair Iowa 50325		30 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$610	
TOTAL (if last page of this schedule)				\$3710	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3/6/8	ID# CK# 2144	Kevin White 674 44th St Des Moines 50312		\$ 100.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 5331	Jill Smith 13528 Village Court Des Moines 50321		\$ 50.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 1313	Jennifer Slagle 9316 Wickham Dr Johanna 50131		\$ 30.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 7866	John Vernon 2820 Seagrass Dr Worm 50265		\$ 75.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 2306	Christine Hensley 753 50th St Des Moines 50312		\$ 100.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 11729	Steven Chapman 3205 Jordan Dr. WDM, IA 50205		\$ 250.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 13411	James M. Mair 13411 Sheridan Ave Urban Vale 50323		\$ 50.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 1488	Dennis Christy 1801 NW 81st Des Moines 50325		\$ 50.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 21412	Julie Kuhl 8076 104th Ln Clarksville 50125		\$ 50.00	<input checked="" type="checkbox"/>
3/6/8	ID# CK# 3588	Don Haster 1127 20th St. Worm 50265		\$ 50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 805	
TOTAL (if last page of this schedule)				\$ 4,515	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Robert Wilson for Super Comm.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/6/8	ID# CK# 7785	James Wilson 4140 Greenwood Dr. Dm 50312		\$500 ⁰⁰	<input type="checkbox"/>
3/6/8	ID# CK# 3546	Robert Wilson 2205. Everett Cir. Corvallis 52241		100 ⁰⁰	<input type="checkbox"/>
3/17/8	ID# CK# 5420	Brad Peyton Box 48184 Hickman, IA 50323		100 ⁰⁰	<input type="checkbox"/>
3/17/8	ID# CK# 2741	Libby Jacobs 805 58th St Watkinsville, IA 50264		50 ⁰⁰	<input type="checkbox"/>
3/17/8	ID# CK# 10277	John Shaw 800 S. 26th St Wm. IA 50265		100 ⁰⁰	<input type="checkbox"/>
3/17/8	ID# CK# 1841	Eric Hogg 13340 Ashurst Dr. Clear Lake 50325		100 ⁰⁰	<input type="checkbox"/>
3/19/8	ID# CK# 1664	Marie Brown II - Melody 1533 NW Wagner Ankeny, IA 50023-4242		50 ⁰⁰	<input type="checkbox"/>
3/9/8	ID# CK# 1104	Davis Sanders 4513 44th Place Des Moines, IA 50310-3740		100 ⁰⁰	<input type="checkbox"/>
3/20/8	ID# CK# 4273	Kyle Knapp & Sharon 30375 Nora Ranch Road Waukegan, IA 50263		500 ⁰⁰	<input type="checkbox"/>
	ID# CK# 0641	Margie McCandless 1318 S 136 Omaha, NE 68144-1102		30 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$1,630	
TOTAL (if last page of this schedule)				\$6,145	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Robert Brunell for Supervisor Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/1/08	ID# CK# 3644	Christopher Coleman-Morris 3512 48th Place Des Moines, IA 50310		\$ 25.00	<input type="checkbox"/>
4/4/08	ID# CK# 5082	Donald Steele, Gladys 1805 76th Windsor Heights, IA 50322		50.00	<input type="checkbox"/>
4/2/08	ID# CK# 1122	Matthew & Brenda Fall 1001 NW Cedarwood Ankeny, IA 50021		30.00	<input type="checkbox"/>
3/24/08	ID# CK# 2726	Misty Withers 3117 115 Van Meter, IA 50261		250.00	<input type="checkbox"/>
3-24-08	ID# CK#	Vicki Jeannie Ruff 7607 NW 16th Ankeny, IA 50023-9808		100.00	<input type="checkbox"/>
4/24/08	ID# CK#	John Brunell 1115 33 West Des Moines, IA 50265		250.00	<input type="checkbox"/>
3/24/08	ID# CK#	Kevin & Barb Snodgrass 7204 N 117th Omaha, NE 68142		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				905	
TOTAL (if last page of this schedule)				\$ 7,200	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Robert Brownell for Supervisor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-13-08	ID# CK# 1093	Robert Brownell	Parade Signage postage	229.50
3/7/08	ID# CK# 1094	The Concept Works	Services campaign	\$ 2750.00
5/8/08	ID# CK# 1095	CONCEPT WORKS ERIC WOODSON 1001 OFFICE PARK RD. SUITE 119 WDSM 50265	Domain Name Costs Web Site Development	104.97
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3,084.47
TOTAL (if last page of this schedule)				\$ 3,084.47

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)